

**MAIL THE
COMPLETED FORM**TO:
The Appropriate EPA
Regional or State Office.United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for Submittal**
(see instructions on
page 10)

CHECK CORRECT BOX(ES)

Reason for Submittal:

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☐ To provide subsequent notification (to update site identification information).
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application.
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).
- ☒ As a component of the Hazardous Waste Report.

2. Site EPA ID Number
(see instructions on page 11)EPA ID Number: MDR 1000 CHC H164**3. Site Name** (see
instructions on page 11)Name: SULLIVAN PRECISION METAL FINISHING CO**4. Site Location**
Information (see
instructions on page 11)Street Address: 445 NORTH SERVICE RD. WESTCity, Town, or Village: SULLIVANState: MCCounty Name: FRANKLINZip Code: 63080**5. Site Land Type** (see
instructions on page 11)Site Land Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American Industry**
Classification System
(NAICS) Code(s) for the
Site (see instructions on
page 11)A. 332812B. 332813

C.

D.

7. Site Mailing Address
(see instructions on page 12)Street or P. O. Box: SELF

City, Town, or Village:

State:

Country:

Zip Code:

8. Site Contact Person (see
instructions on page 12)First Name: EARLMI: FLast Name: SMEASERPhone Number: 503-468-8049Phone Number Extension: 106**9. Legal Owner and**
Operator of the Site (see
instructions on pages 12
and 13)

A. Name of Site's Legal Owner:

Date Became Owner (mm/dd/yyyy):

Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Operator:

Date Became Operator (mm/dd/yyyy):

Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

R00406904

RCRA RECORDS CENTER

30 MAY 2002

QA/QC'd HCT/Tr.COR

18 APR 2002

Ad Tr.Cu

SULLIVAN PRECISION MET. FINISHING

EPA I

MCR0000040964

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(choose only one of the following three categories)

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):**GeneratedAccumulated

- | | | |
|--------------------------|--------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities**1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ **3. Off-Specification Used Oil Burner****4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on pages 16 and 17)**1. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible][illegible]

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
<i>Don Scanlon</i>	Senior Vice President	3/20/02

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

Sullivan Precision
METAL FINISHING

EPA ID NO:

MAR 1990 1940 964



U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) WASTE PAINT RELATED MATERIAL				
B. EPA hazardous waste code (page 22) D0101 D0107 D0135 F0013 F0015		C. State hazardous waste code (page 22) [] [] [] [] [] [] [] [] [] []			
D. Source code (page 23) G 1014 Management Method code for Source code G25 [H] [] [] []		E. Form code (page 23) W 1219		F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	
		G. Quantity generated in 2001 (page 23) [] [] [] [] [] [] [] [] [] [] 2805.0		H. UOM (page 23) [] [] [] [] [] [] [] [] [] [] Density (page 24) [] [] [] [] [] [] [] [] [] [] <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code (page 24) [H] [] [] []	Quantity treated, disposed, or recycled on site in 2001 (page 25) [] [] [] [] [] [] [] [] [] []	On-site Management Method code (page 24) [H] [] [] []
		Quantity treated, disposed, or recycled on site in 2001 (page 25) [] [] [] [] [] [] [] [] [] []

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) TMD 1000 702 1186	C. Off-site Management Method code Shipped to (page 26) H 1050	D. Total quantity shipped in 2001 (page 26) [] [] [] [] [] [] [] [] [] [] 1980.0
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) ARB 9181 050 8210	C. Off-site Management Method code Shipped to (page 26) H 1050	D. Total quantity shipped in 2001 (page 26) [] [] [] [] [] [] [] [] [] [] 5215.0
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) [] [] [] [] [] [] [] [] [] []	C. Off-site Management Method code Shipped to (page 26) [H] [] [] []	D. Total quantity shipped in 2001 (page 26) [] [] [] [] [] [] [] [] [] []

Comments:

Over →

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SULLIVAN Precision
METAL FINISHING

EPA ID NO: MAR 060 040 964

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1					
A. Waste description (page 22) PAINT WASTE SOLIDS (N.C.S.) POWDER RESIDUE AND FILTER FROM SPRAY PAINT BOOTH S					
B. EPA hazardous waste code (page 22) D010 D031 F003 F001 U11A			C. State hazardous waste code (page 22) [] [] [] [] [] [] [] [] [] []		
D. Source code (page 23) LG 1016 Management Method code for Source code G25 [H] [] [] []		E. Form code (page 23) LW 3110		F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) [] [] [] [] [] [] [] [] [] [] 3530.10
				H. UOM (page 23) [L] Density (page 24) <input type="checkbox"/> lbs/gal <input checked="" type="checkbox"/> sg	

Sec. 2			
Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)	On-site Management Method code (page 24)	Quantity treated, disposed, or recycled on site in 2001 (page 25)
[H] [] [] []	[] [] [] [] [] [] [] [] [] []	[H] [] [] []	[] [] [] [] [] [] [] [] [] []

Sec. 3			
A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) TMD 060 272 1186	C. Off-site Management Method code Shipped to (page 26) HCL5C	D. Total quantity shipped in 2001 (page 26) [] [] [] [] [] [] [] [] [] [] 12150.10
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) ARD 981 059 870	C. Off-site Management Method code Shipped to (page 26) HCL5C	D. Total quantity shipped in 2001 (page 26) [] [] [] [] [] [] [] [] [] [] 1480.10
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) [] [] [] [] [] [] [] [] [] []	C. Off-site Management Method code Shipped to (page 26) [H] [] [] []	D. Total quantity shipped in 2001 (page 26) [] [] [] [] [] [] [] [] [] []

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

SULLIVAN PRECISION
METAL FINISHING

EPA ID NO:

MCR 000 040 964

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

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GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1		A. Waste description (page 22) WASTE WATER TREATMENT SLUDGE			
B. EPA hazardous waste code (page 22) F419 UINA UINA UINA UINA		C. State hazardous waste code (page 22) U U U U U U U U			
D. Source code (page 23) G 123 Management Method code for Source code G25 H U U U	E. Form code (page 23) W 504	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) U U U U U U 40.9	H. UOM (page 23) <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg Density (page 24) 6.93	

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24) H U U U	Quantity treated, disposed, or recycled on site in 2001 (page 25) U U U U U U U U	On-site Management Method code (page 24) H U U U	Quantity treated, disposed, or recycled on site in 2001 (page 25) U U U U U U 40.9	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) FED 000 666 206	C. Off-site Management Method code Shipped to (page 26) H U U U U	D. Total quantity shipped in 2001 (page 26) U U U U U U 40.9	
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) U U U U U U U U	C. Off-site Management Method code Shipped to (page 26) H U U U	D. Total quantity shipped in 2001 (page 26) U U U U U U U U	
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) U U U U U U U U	C. Off-site Management Method code Shipped to (page 26) H U U U	D. Total quantity shipped in 2001 (page 26) U U U U U U U U	

Comments:

Over →



David Green
<nrgreed@mail.dnr.state.mo.us>

04/17/2002 01:53 PM

To: Colleen Thomas/ARTD/R7/USEPA/US@EPA
cc:
Subject: Re: More BR Problems

NAICS codes 332812 and 332813

page 6, 6.93 lbs/gal

Did you find out anything from Beth about the NAICS codes for the oddballs?

Thomas.Colleen@epamail.epa.gov

04/16/2002 10:45 AM

To: NRGREED@mail.dnr.state.mo.us
cc:
Subject: More BR Problems

MOR000040964 (I think - The copy is so light, it's hard to read).
Sullivan Precision Metal Finishing - They didn't report a NAICS code on
their SI form. GM form page 6 - the UOM is 7, so they need to report a
density and check either lbs/gal or sg.

Colleen Thomas
Tri-Cor Industries, Inc.
@EPA Region VII
913/551-7182